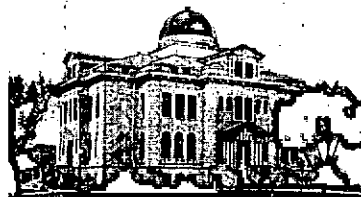


# EMPLOYMENT APPLICATION



## LOGAN COUNTY

315 Main Street  
Logan County Courthouse  
Sterling, Colorado 80751  
(970) 522-0888  
Fax: (970) 522-4018  
www.loganco.gov

## DESCRIPTION OF LOGAN COUNTY

**GEOGRAPHY:** Logan County is located in the northeast portion of the State of Colorado in the great plains area. It contains 1,827 square miles and is about 38 miles wide by 48 miles long. There are approximately 1,183,360 acres of land in the county. Elevation in the county varies from 3,600 feet above mean sea level where the South Platte River exits the county to 5,000 feet on the Peetz Table along the northern edge of the county.

**POPULATION:** The 2000 census places Logan County's population at approximately 20,504. The City of Sterling is the largest city in the County with a population of approximately 11,360.

**ECONOMY:** The economy of Logan County is dependent upon agriculture and agricultural related businesses. Other sources of income are from educational institutions, oil and gas production, and light industry.

**RECREATION:** Recreational opportunities in Logan County range from informal recreation programs to more highly organized programs. Boating, water skiing, hunting, camping, fishing, bowling, golfing plus special interest clubs and organizations are available to all residents of the county.

**CLIMATE:** The climate of Logan County is semi-arid characterized by low humidity, wide variations in precipitation and temperature and abundant sunshine. The mean annual precipitation ranges from 13 to 19 inches.

**GOVERNMENT:** The Colorado State Constitution and statutes enacted by the State Legislature provide the basic authority for county government. The elected officials in Logan County are the County Commissioners, Assessor, Clerk and Recorder, Coroner, District Attorney, Sheriff, Surveyor and Treasurer. The County Commissioners are the controlling board of the county.

**EMPLOYMENT:** Employees of Logan County Government receive a full-range of benefits, health and life insurance, vacation and sick leave plus paid holidays and a supplemental retirement plan. County employees also have the option of enrolling in a low-cost group dental plan and a deferred compensation plan.

## IMPORTANT INFORMATION AND APPLICATION INSTRUCTIONS

1. Prospective applicants for employment with Logan County will receive consideration without regard to race, creed, religion, color, sex, age, national origin or handicap.
2. Please review the minimum requirements for the position you are seeking before applying.
3. A separate application must be submitted for each position.
4. Applications must be received by the appropriate department or office by the date listed in the position advertisement.
5. Do not substitute a resume for this application form. Resume may be included with the application.
6. Late applications may be rejected by the appropriate department or office.
7. Incomplete or illegible applications will not be processed. If more space is needed, please attach additional sheets to this application form.
8. Please Notify the appropriate department or office of any change in your address, name, telephone number or availability for employment. Failure to do so may result in improper notification and prevent further processing of your application.
9. All applicants for law enforcement positions within Logan County shall undergo an extensive background investigation.
10. This application form and all attached documents shall become official records of Logan County upon submission and cannot be revised or returned.
11. Applicants are required to list their complete employment history. Attach additional sheets if necessary following the same format provided in employment history section.
12. Please type or print in ink only, and be sure to sign the last page of the application.

Date

SOCIAL SECURITY NO.

NAME

Last

First

Middle

PRESENT ADDRESS

Street

City

State

Zip Code

HOME TELEPHONE NUMBER ( )

MESSAGE TELEPHONE NUMBER ( )

IS ADDITIONAL INFORMATION CONCERNING CHANGE OF NAME NECESSARY TO CHECK WORK OR EDUCATION RECORDS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN

POSITION APPLYING FOR (as stated in position advertisement)

DATE AVAILABLE TO START

Can you perform the essential job functions of the job as outlined in the job description with or without reasonable accommodation? ☐ Yes ☐ No Please explain accommodations required on separate sheet.

**EMPLOYMENT HISTORY**Are you presently employed? ☐ Yes ☐ No

Please start with your present employer and work backward to complete your work history.

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street City State Zip

Employed From \_\_\_\_\_ to \_\_\_\_\_ Pay: Beginning \_\_\_\_\_ Last \_\_\_\_\_

Mo. Yr. Mo. Yr.

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Job Duties: \_\_\_\_\_**Reason for leaving or seeking other employment:**

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street City State Zip

Employed From \_\_\_\_\_ to \_\_\_\_\_ Pay: Beginning \_\_\_\_\_ Last \_\_\_\_\_

Mo. Yr. Mo. Yr.

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Job Duties: \_\_\_\_\_**Reason for leaving or seeking other employment:**

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street City State Zip

Employed From \_\_\_\_\_ to \_\_\_\_\_ Pay: Beginning \_\_\_\_\_ Last \_\_\_\_\_

Mo. Yr. Mo. Yr.

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Job Duties: \_\_\_\_\_**Reason for leaving or seeking other employment:**

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street City State Zip

Employed From \_\_\_\_\_ to \_\_\_\_\_ Pay: Beginning \_\_\_\_\_ Last \_\_\_\_\_

Mo. Yr. Mo. Yr.

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Job Duties: \_\_\_\_\_**Reason for leaving or seeking other employment:**

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street City State Zip

Employed From \_\_\_\_\_ to \_\_\_\_\_ Pay: Beginning \_\_\_\_\_ Last \_\_\_\_\_

Mo. Yr. Mo. Yr.

Your Job Title \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No Job Duties: \_\_\_\_\_**Reason for leaving or seeking other employment:**

Reason for leaving or seeking other employment:

School	Name & Address	Course of Study	Dates Attended	Graduation Date	Degree
High School or Ged					
College or University					
College or University					
Vocational or Technical Training					

List any other education, experience or training that would be of further assistance in evaluating your qualifications.

Military Status \_\_\_\_\_ Active Duty Service From \_\_\_\_\_ to \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Service Duties \_\_\_\_\_

If yes, length of commitment \_\_\_\_\_

### **SPECIAL SKILLS**

Please list any certifications you have earned and any heavy equipment, industrial machinery or business machines you can operate proficiently.

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List skills you may have with computers and computer terminals, i.e., programming languages, data entry, type of application systems and hardware systems familiar with, etc.: \_\_\_\_\_

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### **GENERAL**

Do you hold a valid drivers license? ☐ Yes ☐ No (If yes, please provide following information):

State	Class	Number	Expiration Date
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Have you been convicted of a crime, excluding misdemeanors and summary offenses in the past (7) seven years which have not been annulled, expunged or sealed by Court? ☐ Yes ☐ No

If yes, give particulars: \_\_\_\_\_

(A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation, rehabilitation and the affect on performance of the job for which you are applying will be taken into consideration.)

Name of relatives in Logan County's employ, please state relationship \_\_\_\_\_

### **REFERENCES**

List three persons who are not related to you and who have definite knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed under employment history.

Name	Address	Phone	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Thank you for completing this application form and for your interest in employment with Logan County. We would like to assure you that your opportunity for employment will be based only on your merit and no other consideration. Please be advised that you are required by law to provide proof of employment eligibility within three business days of employment.

### **CERTIFICATION**

I certify that all statements on this application are true and complete. I understand that false statements on this application shall be considered sufficient cause for rejection of application or dismissal. Logan County is authorized to make any investigation regarding past employment history, except as noted in the "Employment History" section of this application. As a condition of employment, I understand I may be required to take a physical exam, as a bonafide occupational qualification, to certify that I can perform the physical requirements of the job for which I am applying.

I understand certain benefits are accorded to employees of Logan County as set forth in the Employee Handbook. I understand and agree that the provisions of the Employee Handbook may be changed at any time by the Personnel Board and that no vested rights, express or implied, shall be created by virtue of such Employee Handbook.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Please sign in ink only)